



Montana Medicaid

CLAIM JUMPER

Volume XXIII, Issue 9, September 2008

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Federal Government May Request Medical Records

Beginning October 1, 2008, Montana's Healthcare Plans will be required to participate in the federal Office of Management and Budget's (OMB) Payment Error Rate Measurement (PERM) program. This national program measures improper payment in Medicaid and CHIP because OMB identified these two

programs as being at risk for significant erroneous payments.

The Centers for Medicare and Medicaid Services (CMS) will use three national contractors to measure the accuracy of Montana Medicaid and CHIP payments for services rendered to clients. Montana providers will work primarily with Livanta, CMS's documentation and database contractor. Livanta will collect medical policies from Montana Medicaid and CHIP as well as either electronic or hard copy medical records from providers.

Medical records are needed to support required medical reviews to determine if claims were correctly paid. If a provider's ID number is identified on a claim as receiving payment, and that claim is selected as a sample for a service the provider rendered to either a Medicaid or CHIP client, Livanta will contact the provider for a copy of the required medical records.

Livanta will verify the correct name and address information and determine whether the provider wants to receive the request by fax or mail. Once the request is received, the provider must submit the information electronically or in hard copy within 60 days. The provider who is identified on the claim as receiving payment will be responsible for ensuring that any and all supporting medical records, from any and all provider(s) who rendered a service for which the claim payment under review was requested, are submit-

ted in a timely manner. During this 60-day timeframe, Livanta will follow up to ensure that the provider submits the documentation before the deadline.

Providing the requested medical records is required by the Social Security Act and is permissible by HIPAA.

It is very important that providers submit complete medical records in a timely manner to support evaluation of the accuracy of claims payments. No response or insufficient documentation will count against the State as an error, and result in a recovery of an overpayment from the provider. The Program Compliance Bureau at the Montana Department of Public Health and Human Services is available to help providers identify the required documentation for submission. If you have any questions, please contact Karen Wood at (406) 444-9355.

Tamper Resistant Rx Pad Update: Three Features Required October 1

As of October 1, 2008, all fee-for-service Medicaid prescriptions that are either handwritten or printed from an EMR / ePrescribing application must contain **three different tamper resistant features**: one from each of the three categories described below. (Note: Compliance as of April 1, 2008, required only one feature from one category

of tamper resistance, so continued compliance for October may require additional steps by your prescription pad or software vendor.)

Feature descriptions:

- One or more industry recognized features designed to prevent unauthorized copying of a completed or blank prescription.
- One or more industry recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber.
- One or more industry recognized features designed to prevent the use of counterfeit prescriptions.

Prescriptions for Medicaid patients that are telephoned, faxed, or ePrescribed are exempt from these tamper resistance requirements.

For further information and detailed examples, please see <http://www.cms.hhs.gov/DeficitReductionAct/Downloads/MIPTRPFAQs9122007.pdf>.

Submitted by Roger Citron, DPHHS

Psychologists Must Bill CPT Codes 96101, 96118, 96119 and 96120 With Modifier

For dates of service on or after July 1, 2008, psychologists enrolled in Montana Healthcare Programs must bill CPT codes 96101, 96118, 96119 and 96120 with modifier AH (Clinical Psychologists) in order to receive the current reimbursement amount. If these codes are billed without the modifier, the reimbursement will be a lesser amount.

For services billed with procedure code 96101 AH, psychologists will be reimbursed at the enhanced physician rate. However, a change to the payment system will not be completed until system programming is complete. The date of the change will be posted on the psychologist provider

page at www.mtmedicaid.org as soon as it is finalized. For dates of service on or after July 1, lower reimbursement will be made for a temporary period. After the change is implemented, claims for dates of service on or after July 1 billed with procedure code 96101 and the AH modifier will be adjusted to reimburse at the higher rate. **Failing to bill 96101 with the AH modifier will prevent the systematic adjustment of the claims, resulting in lower reimbursement for the services.**

Multiple Conversion Factors for RBRVS Providers

Effective July 1, 2008, Montana's Healthcare Programs is using four conversion factors to calculate payment for services rendered by RBRVS providers. The four conversion factors affect the following provider types and are listed below:

- **Anesthesiology Services:** CPT codes 00100 - 01999. The conversion factor is \$26.25.
- **Physician Services:** EPSDT, podiatry, dentist (billing medical procedures), physician, lab and x-ray, mid-level practitioners, QMB chiropractors, public health clinics, psychiatrists, and independent diagnostic testing facilities. The conversion factor is \$37.82.
- **Allied Services:** physical therapy, speech therapy, audiologist, occupational therapy, optometrist, optician, schools. The conversion factor is \$30.01.
- **Mental Health Services:** psychologist, social workers, licensed professional counselors. The conversion factor is \$25.54.

The use of these conversion factors will be based on the rendering provider type on the claim.

Payments to providers are calculated using the rate of reimbursement based on the procedure code multiplied by the conversion factor, as

well as relative value units (RVUs) and policy adjusters when appropriate. Revised fee schedules reflecting these conversion factors are posted on www.mtmedicaid.org.

These changes are a result of 2007 legislation, which included targeted funding.

CHIP Joins Pharmacies and Other Providers to Help Get Health Insurance for Montana Children

Montana's Children's Health Insurance Plan (CHIP) is partnering with pharmacies and other health care providers all across the state to help families obtain health insurance for their children.

CHIP is a free or low-cost health insurance plan available to families who do not qualify for Medicaid, but cannot afford private insurance for their children. CHIP currently covers over 16,500 Montana children and teenagers. CHIP covers a wide array of health services, including medical, dental, vision, and prescription drugs.

Last year, CHIP reimbursed pharmacies \$3.6 million in prescription claims. CHIP-enrolled children can get their prescriptions filled at most chain pharmacies, as well as over 150 independent pharmacies across the state. Co-pays are minimal (\$3/generic, \$5/brand name).

You can join the over 550 CHIP community partners who help Montana families learn about CHIP by having applications and brochures available at your location. CHIP supplies all of the materials. You can also encourage your clients to visit the CHIP website at www.chip.mt.gov. Parents can fill out the application right on their computer.

Please help us get more Montana children enrolled in CHIP. There

is no waiting list, so now is a great time for families to apply for CHIP.

If you would like to receive a CHIP brochure holder and/or a supply of brochures and applications, please call Michael Mahoney, CHIP Community Relations Manager, at (406) 444-7877 or e-mail at mmahoney2@mt.gov. Posters are also available.

Thank you for supporting Montana families.

Submitted by Michael Mahoney, DPHHS

Billing Procedures Regarding Electronic Claims—837P, 837I

The American National Standards Institute (ANSI) in conjunction with the Health Insurance Portability and Accountability Act (HIPAA) of 1996 establishes, among many things, national standards for electronic health care transactions.

Included in these standards is the requirement that providers billing electronically must record the following three components on electronic claims: drug unit price, quantity, and unit of measure.

Previously, Montana Medicaid has not required that a drug unit price be recorded on electronic claims. Both the quantity and unit of measure has been required. The prescription number has been optional.

Effective immediately, providers will be required to include a drug unit price, in addition to the quantity and unit of measure, with all electronic claims submitted for payment to Montana Medicaid. The prescription number will not be required and will remain optional.

To record a drug unit price on the 837P or 837I, use the following fields: Loop 2410; Segment CTP; Elements CTP03 (drug unit price), CTP04 (quantity), CTP05 (unit of measure).

To view the Montana Healthcare Programs Update which explains billing procedures regarding electronic claims, please visit the provider information website at <http://www.mtmedicaid.org>.

Submitted by Rey Busch, DPHHS

Fee Schedules Posted

Effective July 1, 2008, Montana Medicaid updated the fee schedules for physicians, independent diagnostic testing facilities, mid-level practitioners, public health clinics, podiatrists, and lab and x-ray providers to reflect the recent Medicare and Medicaid rate changes. See mtmedicaid.org for more detail.

Publications Reminder

It is providers' responsibility to be familiar with Medicaid manuals, fee schedules, and notices for their provider type, as well as other information published in the *Claim Jumper* and on the Medicaid website (mtmedicaid.org).

Resubmission of Denied Claims

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services implemented enhanced claims editing to identify situations where correct procedure coding principles needed to be improved.

This change affected many providers who bill for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes.

Some of these edits use historical claims information in determining if a service is payable. In some situations, denied claims processing in the same cycle will cause a

resubmitted correction to also deny. When a claim is denied, it is important to remember to wait until the denied claim has completed the payment cycle and appears on your remittance advice before resubmitting a corrected claim or line.

Submitted by Patricia Osterhout, DPHHS

New Mental Health Program

The Addictive and Mental Disorders Division (AMDD) is pleased to announce the expansion of the 72 Hour Presumptive Eligibility Program for Crisis Stabilization beginning September 1, 2008. This program provides payment for crisis stabilization services to local community mental health providers who provide psychiatric crisis stabilization services to uninsured adults.

Provider enrollment requirements are listed below:

- Be enrolled as a Montana Medicaid mental health provider;
- Execute the Medicaid Agreement Addendum in which you agree to participate in the 72 Hour Presumptive Eligibility Program and comply with the provider standards of participation;
- Be approved by AMDD to participate in the 72 Hour Presumptive Eligibility Program; and,
- Arrange for the appropriate staff members to receive training from AMDD.

To initiate the provider enrollment process, contact the AMDD Benefit Management Team at 444-3964.

Submitted by Deb Sanchez, DPHHS

14,250 copies of this newsletter were printed at an estimated cost of \$.55 per copy, for a total cost of \$7,920.93, which includes \$4943 for printing and \$2,977.93 for distribution.

Alternative accessible formats are available by calling the DPHHS Office of Planning, Coordination and Analysis at (406) 444-9772.

Recent Publications

The following are brief summaries of recently published Medicaid information and updates. For details and further instructions, download the complete document from www.mtmedicaid.org, the Provider Information website. Select **Resources by Provider Type** for a list of resources specific to your provider type. If you cannot access the information, contact Provider Relations at (800) 624-3958 or (406) 442-1837 in Helena or out-of-state.

| Recent Publications Available on Website | | |
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| Date | Provider Type | Description |
| Notices and Replacement Pages | | |
| 07/08/08 | Physical Therapists, Speech Therapists, Audiologists, Occupational Therapists, Psychologists, Optometrists, Opticians, Social Workers, School-Based Services, Licensed Professional Counselors | Adjustment for Claims Using Multiple Conversion Factors |
| 07/10/08 | Anesthesiologists, EPSDT, Podiatrists, Dentists (billing medical procedures), Physicians, Lab and X-ray, Mid-Level Practitioners, QMB Chiropractors, Public Health Clinics, Psychiatrists, Independent Diagnostic Testing Facilities, Physical Therapy, Speech Therapy, Occupational Therapy, Audiologists, Optometrists, Opticians, School-Based Services, Psychologists, Social Workers, Licensed Professional Counselors | Multiple Conversion Factors for RBRVS Providers |
| 07/10/08 | Physician | Physician-Related Services manual replacement pages—Revised Key Contacts, Completing a Claim Form, Prior Authorization, Billing for Immunizations |
| 07/11/08 | Psychologist, Physician, Lab and Imaging, Social Worker, Mid-Level Practitioner, RHC, FQHC, Licensed Professional Counselor, Mental Health Center, Targeted Case Management (Mental Health), Psychiatrist | Changes in Mental Health Services Plan for Adults Age 18 and Older |
| 07/14/08 | Pharmacy | Delayed Payment for Pharmacy Providers |
| 07/15/08 | Mid-Level Practitioner, Podiatrist, Lab and X-ray, Independent Diagnostic Testing Facilities, Public Health Clinics | Physician-Related Services manual replacement pages—Revised Key Contacts, Completing a Claim Form, Prior Authorization, Billing for Immunizations |
| 07/22/08 | Outpatient Hospital, Emergency Room, Podiatry, IDTF, Physician, Free-Standing Dialysis Clinic, Birthing Center, Lab and X-ray, Public Health Clinic, Psychiatry, Ambulatory Surgical Center | Billing Procedures Regarding Electronic Claims (837P and 837I) |
| 07/24/08 | School-Based Services | New FMAP Rate Reflects Changes to Reimbursement on the Fee Schedule |
| 07/24/08 | School-Based Services | Medicaid Administrative Claiming (MAC) Program Extended |

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| 07/28/08 | Ambulance, Private-Duty Nursing, Nutrition, Commercial Transportation, Specialized Non-Emergency Transportation | Fee Schedule |
| 07/28/08 | Dental, Denturist, Oral Surgeon, Dental Hygienist | Fee Schedule and Claim Forms |
| Fee Schedules | | |
| 07/21/08 | Occupational Therapy, Physical Therapy, Speech Therapy, School-Based Services, Optician, Optometric, Eyeglasses, Personal Assistance, HCBS Elderly and Physically Disabled Waiver, Home Health | Fee schedule |
| 07/23/08 | HCBS Elderly and Physically Disabled Waiver | Revised fee schedule |
| 07/28/08 | Ambulance, Dentist, Nutrition, Private-Duty Nursing, Commercial Transportation, Specialized Non-Emergency Transportation, Personal Transportation | Fee schedule |
| 07/29/08 | Physician, IDTF, Mid-Level Practitioners, Public Health Clinics, Podiatry, Lab and X-ray, Hearing Aid, Audiology, Oral Surgeon, Denturist, Dental Hygienist | Fee schedule |
| 07/29/08 | School-Based Services | Revised fee schedule |
| 07/30/08 | Mental Health Center, Licensed Professional Counselor, Psychologist, Social Worker | Fee schedule for Medicaid Mental Health and Mental Health Services Plan for individuals under 18 years of age |
| Other Resources | | |
| 07/01/08, 07/07/08, 07/14/08, 07/21/08, 07/31/08 | All Provider Types | What's New on the Site This Week |
| 07/01/08 | Pharmacy | Updated PDL and Quicklist |
| 07/03/08 | All Provider Types | News item regarding Holiday ESOR Schedule |
| 07/07/08 | All Provider Types | Revised MHSP Addendum posted on Forms, Provider Enrollment, and NPI Provider Enrollment pages |
| 07/08/08 | All Provider Types | News item regarding Adjustment for Claims Using Multiple Conversion Factors |
| 07/11/08 | All Provider Types | August 2008 <i>Claim Jumper</i> |

Montana Medicaid
ACS
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Helena, MT 59604

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Key Contacts

Provider Information website: <http://www.mtmedicaid.org>

ACS EDI Gateway website: <http://www.acs-gcro.com>

ACS EDI Help Desk (800) 624-3958

Provider Relations

(800) 624-3958 (In- and out-of-state)

(406) 442-1837 (Helena)

(406) 442-4402 Fax

Email: MTPRHelpdesk@ACS-inc.com

TPL (800) 624-3958 (In- and out-of-state)

(406) 443-1365 (Helena)

(406) 442-0357 Fax

Direct Deposit Arrangements (406) 444-5283

Verify Client Eligibility

FAXBACK (800) 714-0075

Automated Voice Response (AVR) (800) 714-0060

Point-of-Sale Help Desk for Pharmacy Claims (800) 365-4944

PASSPORT (800) 362-8312

Prior Authorization

Mountain-Pacific Quality Health Foundation (800) 262-1545

Mountain-Pacific Quality Health Foundation—DMEPOS/Medical

(406) 457-5887 local, (877) 443-4021, ext. 5887 long-distance

First Health (800) 770-3084

Transportation (800) 292-7114

Prescriptions (800) 395-7961

Provider Relations
P.O. Box 4936
Helena, MT 59604

Claims Processing
P.O. Box 8000
Helena, MT 59604

Third Party Liability
P.O. Box 5838
Helena, MT 59604



2008 Fall Provider Training



Oct 7th-8th: Bozeman – Holiday Inn

Oct 22nd-23rd: Hamilton – Bitterroot River Inn

Oct 28th-29th: Great Falls – Holiday Inn of Great Falls

Please join us to learn all about Medicaid

Day One: Registration ~ 12 -1 p.m. Medicaid 101 ~ 1 - 5 p.m.

- **Eligibility:** How is eligibility determined?
Who can I contact?
- **Denials & Resolution:** Common denials that are encountered and resolving them with ease.
- **Crossover Claims:** How to get your Medicare claims processed.
- **Remittance Advice:** How to read your remittance advice, Adjustments, and Credit Balances
- **Claim Forms & Structure:** CMS 1500 and UB-92 including discussion on the UB-04 and CMS 1500.
- **NPI / Taxonomy:** How to bill correctly with NPI and Taxonomy.

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Day Two: Registration ~ 8 - 8:30 a.m. Topics Covered ~ 8:30 a.m. - 4:15 p.m.

- Web Portal Exploration
- Mental Health
- Physician Related Services
- Nursing Home / Therapies
- PASSPORT and Team Care
- SURS: Surveillance and Utilization Review
- E-Prescribing and Smart PA
- Roundtable Discussion with Program Officer : Interactive session with program officer.

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Registration Form

Please check the appropriate box

Location: Bozeman (Oct 7-8)___ Hamilton (Oct 22-23)___ Great Falls (Oct 28-29)___

Day One___ 1 p.m. - 5:00 p.m. Day Two___ 8:30 a.m. - 4:15 p.m.

Name/Organization:_____

NPI Number:_____ Contact Name:_____

City:_____ Phone Number:_____

Names of Attendees: _____

You can register via e-mail at mtprhelpdesk@asc-inc.com,

calling 1-800-624-3958, 406-457-9554

or fax to 406-442-4402

Schedule can be downloaded at www.mtmedicaid.org



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